

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

05

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		398231.39
(b) Cash on Hand at Beginning of Reporting Period .....	357367.10	
(c) Total Receipts (from Line 19) .....	81343.60	354075.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	438710.70	752306.55
7. Total Disbursements (from Line 31) .....	136881.43	450477.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	301829.27	301829.27
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	71110.83	302998.43
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9695.12	48049.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	80805.95	351047.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	80805.95	351047.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	537.65	3027.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	81343.60	354075.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81343.60	354075.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	136000.00	446500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	881.43	3977.28
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	136881.43	450477.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	136881.43	450477.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	80805.95	351047.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80805.95	351047.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Benator

Mailing Address 4951 Bacopa Ln S Unit 701A

City

Saint Petersburg

State

FL

Zip Code

33715-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Pediatric Associa-  
tion

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177704

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan Holz

Mailing Address 10471 Lone Star Pl

City

Davie

State

FL

Zip Code

33328-1344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Hollywood

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177706

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edgar Colon-Negron

Mailing Address Urb Montehiedra  
247 Calle Reina Mora

City

San Juan

State

PR

Zip Code

00926-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLAG Imaging Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177708

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 3943 Indian Springs Rd

City

Panama City

State

FL

Zip Code

32404-5794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177711

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177712

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177713

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA  
PO Box 1770

City State Zip Code  
Panama City FL 32402-1770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177714

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address Bay Radiology Associates  
PO Box 1770

City State Zip Code  
Panama City FL 32402-1770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 24177715

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carol Rumack

Mailing Address UCD-HSC  
4200 E 9th Ave C293

City State Zip Code  
Denver CO 80262-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Colorado School  
of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 24330246

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kim Podolnick

Mailing Address 8015 164th St

City

Jamaica

State

NY

Zip Code

11432-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillcrest Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 24330247

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. W Lawrence Greif

Mailing Address 130 Box Oak

City

San Antonio

State

TX

Zip Code

78230-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336439

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. G Christopher Hammet

Mailing Address 231 W Lynwood Ave

City

San Antonio

State

TX

Zip Code

78212-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336440

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Golden

Mailing Address 411 Happy Trail

City

San Antonio

State

TX

Zip Code

78231-1440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 24336441

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Healy

Mailing Address 207 Blackjack Oak

City

San Antonio

State

TX

Zip Code

78230-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 24336442

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Stoll

Mailing Address 110 Cherokee Ln

City

San Antonio

State

TX

Zip Code

78232-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South TX Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 24336443

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alvin Thaggard, III

Mailing Address 104 Cross Ln

City

San Antonio

State

TX

Zip Code

78209-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336444

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Thomas

Mailing Address 13651 Treasure Trail Dr

City

San Antonio

State

TX

Zip Code

78232-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336445

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Wegert

Mailing Address 307 Branch Oak Way

City

San Antonio

State

TX

Zip Code

78230-5607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336446

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Barry Menick

Mailing Address 333 Elizabeth Rd

City

San Antonio

State

TX

Zip Code

78209-5960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336447

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Benedikt

Mailing Address 501 Patterson Ave

City

San Antonio

State

TX

Zip Code

78209-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336448

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Baber

Mailing Address 7 Cricklewood Pl

City

Saint Louis

State

MO

Zip Code

63131-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336451

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jamie Colonnello

Mailing Address 6343 Alexander Dr

City

Saint Louis

State

MO

Zip Code

63105-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336452

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Curry

Mailing Address 9815 Log Cabin Ct

City

Saint Louis

State

MO

Zip Code

63124-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336453

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gene Davis, JR

Mailing Address 25 Chesterfield Lakes Rd

City

Chesterfield

State

MO

Zip Code

63005-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336454

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Diemer

Mailing Address 2618 Wickerton Ct

City

Saint Louis

State

MO

Zip Code

63122-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336455

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Engels

Mailing Address 40 Midpark Ln

City

Saint Louis

State

MO

Zip Code

63124-1557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336456

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dale Fletcher

Mailing Address 239 Whiting Lane

City

Chesterfield

State

MO

Zip Code

63005-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336457

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Hamill

Mailing Address 425 W Jackson Rd

City

Webster Groves

State

MO

Zip Code

63119-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciate

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336458

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean Higginson

Mailing Address 5554 Waterman Blvd Apt 3E

City

Saint Louis

State

MO

Zip Code

63112-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336459

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Walter Holloman

Mailing Address 65 Meadowbrook Country Club Est

City

Ballwin

State

MO

Zip Code

63011-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336460

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Amy Mosher

Mailing Address 5136 Westminster Pl

City

Saint Louis

State

MO

Zip Code

63108-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336461

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Niemeyer

Mailing Address 1652 Mason Knoll Rd

City

Saint Louis

State

MO

Zip Code

63131-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336462

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Oakley

Mailing Address 8101 Stratford Dr

City

Saint Louis

State

MO

Zip Code

63105-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336463

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Linda Proctor

Mailing Address 346 N Meramec Ave

City

Clayton

State

MO

Zip Code

63105-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336464

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Floyd Scales

Mailing Address 12580 Durbin Dr

City

Saint Louis

State

MO

Zip Code

63141-8814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiologists Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336465

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Scheible

Mailing Address 759 N Hanley Rd

City

Saint Louis

State

MO

Zip Code

63130-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336466

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Solomon

Mailing Address 17609 Ailanthus Drive

City

Chesterfield

State

MO

Zip Code

63005-4284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: 24336467

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Thornton

Mailing Address 308 Townsend St

City

Saint Louis

State

MO

Zip Code

63141-8334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: 24336468

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Booker, JR

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: 24336469

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Harlan

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336470

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Frankel

Mailing Address PO Box 9470

City

Hickory

State

NC

Zip Code

28603-9470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336472

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Bools

Mailing Address Catawba Radiological Assoc  
18 13th Ave NE

City

Hickory

State

NC

Zip Code

28601-3748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336473

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City

Hickory

State

NC

Zip Code

28601-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336474

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc  
PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336475

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Jacobs

Mailing Address 3818 11th Street PI NE

City

Hickory

State

NC

Zip Code

28601-8420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336476

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Seshul, SR

Mailing Address 1009 13th Avenue PI NW

City

Hickory

State

NC

Zip Code

28601-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336477

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric Rautiola

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336478

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City

Hickory

State

NC

Zip Code

28601-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336479

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Curtis

Mailing Address 147 Winwood Cir

City

Granite Falls

State

NC

Zip Code

28630-9558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catawba Radiological Asso-  
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336480

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Cunningham, III

Mailing Address 419 S Washington St

City

Casper

State

WY

Zip Code

82601-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336481

Amount of Each Receipt this Period

720.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Boris A. Karaman

Mailing Address 7190 St Ursula Dr

City

Canfield

State

OH

Zip Code

44406-8059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336483

Amount of Each Receipt this Period

360.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Peters

Mailing Address 3850 E 14 Apt U

City

Casper

State

WY

Zip Code

82609-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336484

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Geoffrey Smith

Mailing Address Casper Medical Imaging  
419 S Washington St Ste 101

City

Casper

State

WY

Zip Code

82601-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336485

Amount of Each Receipt this Period

1800.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Sulser

Mailing Address 5280 Squaw Creek Rd

City

Casper

State

WY

Zip Code

82604-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336486

Amount of Each Receipt this Period

720.00

**SUBTOTAL** of Receipts This Page (optional) .....

2970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Aaron Wright

Mailing Address 4825 Mountain Way

City

Casper

State

WY

Zip Code

82601-6920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336487

Amount of Each Receipt this Period

640.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336488

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336489

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

716.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336490

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336491

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336492

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336494

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

Long Island City

State

NY

Zip Code

11101-5546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336495

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336496

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

State

Zip Code

Closter

NJ

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336497

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

State

Zip Code

New York

NY

10023-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336498

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City

State

Zip Code

Hackensack

NJ

07601-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336499

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 28 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336500

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336501

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336502

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336503

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City

Woodinville

State

WA

Zip Code

98072-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336516

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336517

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

698.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st Pl SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336518

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336519

Amount of Each Receipt this Period

240.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 4705 220th St SW

City

Mountlake Terrace

State

WA

Zip Code

98043-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336521

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

940.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pedro Vieco

Mailing Address 13911 185th Ct NE

City

Woodinville

State

WA

Zip Code

98072-6588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336522

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City

Clinton

State

WA

Zip Code

98236-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 24336523

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Jaindl

Mailing Address 939 Quarter Round Road

City

Pacolet

State

SC

Zip Code

29372-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24375878

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Biirmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Biirmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24375882

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City State Zip Code  
Birmingham AL 35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24375891

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rriitt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24375940

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

223.34

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Albert Zilkha

Mailing Address 1 White Gate Dr

City

Glen Head

State

NY

Zip Code

11545-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: 24375958

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Diane Icenogle-Leuschen

Mailing Address 105 Palo Alto

City

Boerne

State

TX

Zip Code

78006-5999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of TX Health Science  
Cent

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: 24375962

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Calvin Leuschen

Mailing Address 105 Palo Alto

City

Boerne

State

TX

Zip Code

78006-5999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U TX Hlth Sci Ctr at San  
Antonio

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Transaction ID: 24375975

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mahrad Paymani

Mailing Address 7635 Frog Log Ln

City

Leesburg

State

FL

Zip Code

34748-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Central FL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376045

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Levine

Mailing Address Lake Medical Imaging  
801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Central Florida

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376046

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Edward Kainz

Mailing Address 2024 Castelli Blvd

City

Mount Dora

State

FL

Zip Code

32757-6517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Maurice Yoskin

Mailing Address PO Box 78

City

Eastlake Weir

State

FL

Zip Code

32133-0078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376048

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence Liebscher

Mailing Address 2615 W 4th St

City

Waterloo

State

IA

Zip Code

50701-4050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedar Valley Medical Spec-  
ialists, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376459

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Sutkowski

Mailing Address 4115 Pembroke Dr

City

Evansville

State

IN

Zip Code

47711-7730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WFU School of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376460

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ryan Meyer

Mailing Address 2100 Long Cove Cir

City

Newburgh

State

IN

Zip Code

47630-8412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Tennessee Health  
Science

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376461

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Reynaldo N. Gonzales

Mailing Address 611 Harriet St.  
Suite 201

City

Evansville

State

IN

Zip Code

47710-1781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evansville Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376462

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Curtis C. Stautz

Mailing Address 6411 Belle Rive Drive

City

Newburgh

State

IN

Zip Code

47630-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evansville Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376463

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Sullivan

Mailing Address 1421 Stonebriar Dr

City

Evansville

State

IN

Zip Code

47725-1192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evansville Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376466

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Whitehead

Mailing Address Evansville Radiology  
611 Harriet St Ste 103

City

Evansville

State

IN

Zip Code

47710-1781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evansville Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376467

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. P C. Shekar

Mailing Address 1032 Cypress Pointe Dr

City

Caseyville

State

IL

Zip Code

62232-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376468

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Larry Grissom

Mailing Address Houston NW Radiology Association  
800 Peakwood Dr Ste 5E

City State Zip Code  
Houston TX 77090-2903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Houston NW Radiology Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 24376470

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Brown

Mailing Address 2405 Brentwood Dr

City State Zip Code  
Houston TX 77019-3307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383590

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anton Hasso

Mailing Address Univ of CA-Irvine Med Ctr  
101 The City Dr S Bldg 20 Rt 140

City State Zip Code  
Orange CA 92868-3201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of CA-Irvine Med Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383591

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Denise Collins

Mailing Address 2813 Amberly Ln

City

Troy

State

MI

Zip Code

48084-2689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383592

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean Higginson

Mailing Address 5554 Waterman Blvd Apt 3E

City

Saint Louis

State

MO

Zip Code

63112-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383593

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Divyang Ayar

Mailing Address Radiology & Imaging of S Texas  
3226 Reid Dr

City

Corpus Christi

State

TX

Zip Code

78404-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383594

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rudolph Alvarado

Mailing Address 226 Jackson Pl

City

Corpus Christi

State

TX

Zip Code

78411-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383595

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mukul Maheshwari

Mailing Address Radiology Imaging of S Texas  
3226 Reid Dr

City

Corpus Christi

State

TX

Zip Code

78404-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383596

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patricia Gallagher

Mailing Address 14910 Leeward Drive #102

City

Corpus Christi

State

TX

Zip Code

78418-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383600

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Chandra Katragadda

Mailing Address 3462 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78411-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383601

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Hein

Mailing Address 25 Camden Pl

City

Corpus Christi

State

TX

Zip Code

78412-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383602

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jennifer Turner

Mailing Address 3551 Denver Ave

City

Corpus Christi

State

TX

Zip Code

78411-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383603

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Drake Beauchamp

Mailing Address 1901 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78404-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383604

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Vanexan

Mailing Address 125 Southern St

City

Corpus Christi

State

TX

Zip Code

78404-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383606

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dwight Townsend

Mailing Address 338 Catalina Pl

City

Corpus Christi

State

TX

Zip Code

78411-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383607

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Aitken

Mailing Address 200 Atlantic St

City

Corpus Christi

State

TX

Zip Code

78404-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383608

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carlos Gutierrez

Mailing Address Alameda Imaging Center  
3226 Reid Drive

City

Corpus Christi

State

TX

Zip Code

78404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologists

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383609

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Ertzner

Mailing Address 109 Ocean Way St

City

Corpus Christi

State

TX

Zip Code

78411-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology & Imaging of So-  
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 24383610

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Rausch

Mailing Address Fort Wayne Radiology  
3707 New Vision Dr

City State Zip Code  
Fort Wayne IN 46845-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ft Wayne Radiology Associ-  
ation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386213

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Karenc K. Chan

Mailing Address 28 Charity

City State Zip Code  
Irvine CA 92612-3254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386214

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Giuliano

Mailing Address 27 Amargosa

City State Zip Code  
Irvine CA 92602-2455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386549

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Roossin

Mailing Address 9 Sea Shell

City

Newport Coast

State

CA

Zip Code

92657-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386553

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Taketa

Mailing Address 225 Poinsettia Ave

City

Corona Del Mar

State

CA

Zip Code

92625-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386554

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thuan Tran

Mailing Address 27482 Paseo Arco Clave

City

San Juan Capistran

State

CA

Zip Code

92675-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 24386762

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Winston Whitney

Mailing Address 113 Laurent

City

Newport Beach

State

CA

Zip Code

92660-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: 24386764

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael S. Madler

Mailing Address 471 N. Old Newport Blvd.  
Suite #302

City

Newport Beach

State

CA

Zip Code

92663-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: 24386767

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493152

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Garyun Blackmon

Mailing Address 6502 Kingbird Ct

City

Rocklin

State

CA

Zip Code

95765-5813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493153

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493154

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George Bolton

Mailing Address 133 Yankton St

City

Folsom

State

CA

Zip Code

95630-8140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493155

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nicole Carbo

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493156

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code  
El Macero CA 95618-1006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493159

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code  
Davis CA 95618-7664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Associates  
of Sacramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493160

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493161

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roland DeMarco

Mailing Address 5174 Prior Rdg

City State Zip Code  
Granite Bay CA 95746-7186

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493162

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493163

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hani Greiss

Mailing Address Radiological Assoc of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493216

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City State Zip Code  
Carmichael CA 95608-3472FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493217

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Hoffman

Mailing Address 1117 Teneighth Way

City State Zip Code  
Sacramento CA 95818-4024FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493218

Amount of Each Receipt this Period

252.00

SUBTOTAL of Receipts This Page (optional) .....

852.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City

Rocklin

State

CA

Zip Code

95765-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493219

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hank Lin

Mailing Address 44408 Clubhouse Drive

City

El Macero

State

CA

Zip Code

95618-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493225

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City

Fresno

State

CA

Zip Code

93730-3596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493226

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City

Roseville

State

CA

Zip Code

95661-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: 24493227

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City

Davis

State

CA

Zip Code

95616-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: 24493228

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City

Loomis

State

CA

Zip Code

95650-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: 24493229

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City

Granite Bay

State

CA

Zip Code

95746-7186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493231

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Norton

Mailing Address Rad Assoc of Sacramento Med Grp  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Sacramento  
Med Gr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493232

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City

Carmichael

State

CA

Zip Code

95608-4571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493233

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento  
1500 Expo PkwyCity State Zip Code  
Sacramento CA 95815-4227FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493234

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code  
Davis CA 95616-7219FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493235

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code  
Carmichael CA 95608-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramentoOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

Transaction ID: 24493243

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493244

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code  
Davis CA 95616-6760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493245

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bahram Varjavand

Mailing Address 1355 35th St

City State Zip Code  
Sacramento CA 95816-5307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493246

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Calvin Wang

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493247

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Winfield

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493249

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code  
Davis CA 95616-5087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493250

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederic Conte

Mailing Address 918 Colby Dr

City

Davis

State

CA

Zip Code

95616-1758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493251

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493252

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Haseman

Mailing Address 227 Selby Ranch Rd Apt 3

City

Sacramento

State

CA

Zip Code

95864-5844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493254

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Associates  
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493255

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493256

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493257

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento  
2800 L St Ste 10

City State Zip Code  
Sacramento CA 95816-5616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493258

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Lee

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493259

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Linstadt

Mailing Address Radiation Oncology Centers  
2 Medical Plaza Dr Ste 180

City State Zip Code  
Roseville CA 95661-3049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiation Oncology Centers

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493260

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Logsdon

Mailing Address Rad Associates of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493261

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Pu

Mailing Address Radiological Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc of Sac-  
ramen

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493262

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Seth Rosenthal

Mailing Address Rad Assoc of Sacramento  
1500 Expo Pkwy

City State Zip Code  
Sacramento CA 95815-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiological Assoc. of Sa-  
cramento

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493263

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 10 Lexington Ct

City

Englewood

State

NJ

Zip Code

07631-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493267

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493268

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493269

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493270

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10021-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493272

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493273

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

State

Zip Code

Closter

NJ

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493274

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

State

Zip Code

New York

NY

10023-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493275

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 50 W 72nd St Apt 1509

City

State

Zip Code

New York

NY

10023-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493276

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493277

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493278

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 47-30 Vernon Blvd Unit 1R

City

Long Island City

State

NY

Zip Code

11101-5546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493279

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493280

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493281

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 24493282

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24501242

Amount of Each Receipt this Period

40.00

wire

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shawn Teague

Mailing Address 11844 Tarver Ct

City

Fishers

State

IN

Zip Code

46037-8277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Univ School of Me-  
dicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503355

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503356

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bill Warren

Mailing Address UWMC

Box 357115

City

Seattle

State

WA

Zip Code

98195-7115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503357

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Judy Greene

Mailing Address 7104 Hunters Crk

City

Dayton

State

OH

Zip Code

45459-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kettering Network Radiolo-  
gists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503358

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City

Salem

State

OR

Zip Code

97302-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Iowa Hospitals &  
Clinics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503359

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503360

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Hu

Mailing Address 302 Topwater Ln

City

Greensboro

State

NC

Zip Code

27455-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503376

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates  
5850 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15206-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imaging Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503377

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional) .....

851.67

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste ACity State Zip Code  
Alexandria LA 71301-3606FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Central LA Imaging Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: 24503399

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Dodd, III

Mailing Address Univ of Texas Hlth Sci Ctr  
7703 Floyd Curl DrCity State Zip Code  
San Antonio TX 78229-3901FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Texas Hlth Sci CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: 24503437

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
Lincoln MA 01773-4807FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Imaging InstituteOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: 24503453

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

250.02

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Linda Brown

Mailing Address 3360 Bridle Run Trl NW

City

Marietta

State

GA

Zip Code

30064-1788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quantum Radiology Northwe-  
st

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503502

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Gordon

Mailing Address Decatur Memorial Hospital  
2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503503

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Daniel Hanks, JR

Mailing Address Rome Radiology Group PA  
1104 Martha Berry Blvd NE

City

Rome

State

GA

Zip Code

30165-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rome Radiology Group, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503525

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Roth

Mailing Address 2633 Basil Ln

City

Los Angeles

State

CA

Zip Code

90077-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tower Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503526

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ruth Brush

Mailing Address Mercy Health Center  
4300 W Memorial Road

City

Oklahoma City

State

OK

Zip Code

73120-8362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Health Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503528

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Iris Choo

Mailing Address 50 Renata

City

Newport Coast

State

CA

Zip Code

92657-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: 24503530

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay Lichman

Mailing Address 610 Kings Rd

City

Newport Beach

State

CA

Zip Code

92663-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503533

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H Jay Zeskind

Mailing Address 4870 Park Hill Dr

City

West Bloomfield

State

MI

Zip Code

48323-3574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Radiology Cons-  
ultants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 24503538

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arthur Sandy

Mailing Address 2821 Argyle Rd

City

Birmingham

State

AL

Zip Code

35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 24525326

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

71110.83



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 90

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3027.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: 24687507

Amount of Each Receipt this Period

537.65

Interest

SUBTOTAL of Receipts This Page (optional) .....

537.65

TOTAL This Period (last page this line number only) .....

537.65

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Dent PAC

Mailing Address P.O. Box 40385

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24165453

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue NW Ste. 110

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 23751845

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Pat Roberts For Senate

Mailing Address PO Box 433

City  
Great Bend

State  
KS

Zip Code  
67530

Purpose of Disbursement

Candidate Name  
Sen. Pat Roberts

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Transaction ID: 24170994

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 90

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
New Democrat Coalition PAC (NDC PAC)

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24171076

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Rob Wittman For Congress

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement

Candidate Name  
Mr. Robert Wittman

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24332995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

Candidate Name  
Rep. Richard E. Neal

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24333479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 90

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Next Century Fund Mailing Address 116 S Royal Street	<b>Transaction ID:</b> 24165455 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street Southeast City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 24173794 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7500.00</div> <div>011 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street Southeast City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 24173795 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7500.00</div> <div>011 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24173790

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

7500.00

**B.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24173791

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

7500.00

**C.** Full Name (Last, First, Middle Initial)  
Committee for a Democratic Majority

Mailing Address 301 4th Street Northeast Suite 20  
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24158848

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Allyson Schwartz

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 24170980

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Help Elect America's Team PAC (HEAT PAC)

Mailing Address 499 S CAPITOL ST SW  
STE 412

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24332378

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Schultz Debbie Wasserman

Mailing Address 1071 Twin Branch Ln

City State Zip Code  
Weston FL 33326

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Debbie Wasserman-Schultz

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 24165010

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ►

8500.00

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Gillibrand For Congress

Mailing Address P.O. Box 15734

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Kirsten Gillibrand

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

**Transaction ID:** 24165460

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Prosperity Helps Inspire Liberty Political Action

Mailing Address PO Box 26366

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 24171042

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Andre Carson For Congress

Mailing Address 2527 North Alabama Street

City  
Indianapolis

State  
IN

Zip Code  
46205

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Andre Carson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 07

**Transaction ID:** 24332324

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Cote For Congress

Mailing Address PO Box 6902

City  
Portland

State  
ME

Zip Code  
04105

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Adam Cote

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: 24332476

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Nathan Deal For Congress

Mailing Address PO Box 902

City  
Gainesville

State  
GA

Zip Code  
30503

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Nathan Deal

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 24159119

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City  
Sacramento

State  
CA

Zip Code  
95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Michael Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 24333691

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)  
John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City State Zip Code  
Tulsa OK 74147

Purpose of Disbursement

Candidate Name  
Rep. John Sullivan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 24333817

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Committee for Hispanic Causes (CHC Bold PAC)

Mailing Address 1831 Bay Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 24159018

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)  
Friends Of Jim Marshall

Mailing Address 586 Orange Street

City State Zip Code  
Macon GA 31201

Purpose of Disbursement

Candidate Name  
Rep. Jim Marshall

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23966742

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement

Candidate Name  
Rep. Fortney Peter StarkOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 13

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 24173796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement

Candidate Name  
Rep. Fortney Peter StarkOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 13

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 24332741

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Porter For Congress

Mailing Address PO Box 26087

City State Zip Code  
Las Vegas NV 89126

Purpose of Disbursement

Candidate Name  
Rep. Jon C. PorterOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24334126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgrita State CA Zip Code 92688

Purpose of Disbursement

Candidate Name  
Rep. George P. Radanovich

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 24333957

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name  
Rep. Christopher Shays

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 24334384

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna G. Eshoo

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 24379328

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James W. Gerlach

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: 24173786

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Allyson Schwartz

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 24334220

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cazayoux For Congress

Mailing Address Pob 156

City New Roads State LA Zip Code 70760

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Donald Cazayoux

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 24375601

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

John Kerry For Senate

Mailing Address 10 G Street Ne  
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. John Kerry

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: 23425502

Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

John Kerry For Senate

Mailing Address 10 G Street Ne  
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. John Kerry

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: 23425503

Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Campaign for our Country

Mailing Address 10 G Street NE  
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24379433

Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Leadership in the New Century (LINC PAC)

Mailing Address 818 Connecticut Avenue NW Ste. 110

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24489031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

More Conservatives PAC (McPAC)

Mailing Address 675 N WASHINGTON STREET  
 SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24173784

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Candidate Name  
 Rep. Vern Buchanan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 13

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24489417

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort Wayne

State  
IN

Zip Code  
46804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mark Souder

Office Sought:

☒ House

☐ Senate

☐ President

State: IN

District: 03

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 23964730

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

America Works PAC

Mailing Address PO Box 76187  
Suite 800

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 24159129

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

National Leadership Pac

Mailing Address PO Box 5577

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 23991899

Date of Disbursement

04 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name  
Sen. Barbara A. Mikulski

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MD District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 23744923

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name  
Rep. Charles W. Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 15

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 24486196

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Artur Davis To Congress, The

Mailing Address PO Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Candidate Name  
Rep. Artur Davis

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24489488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Jo Bonner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 01

Transaction ID: 24487779

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
McConnell Senate Committee '08

Mailing Address PO Box 1496

City State Zip Code  
Louisville KY 40201

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Mitch McConnell

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: 24165343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Team Sununu

Mailing Address PO Box 500

City State Zip Code  
Rye NH 03870

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. John E. Sununu

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District:

Transaction ID: 24487326

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

136000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24687510

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2008

Amount of Each Disbursement this Period

881.43

Bank Fees

SUBTOTAL of Disbursements This Page (optional) .....

881.43

TOTAL This Period (last page this line number only) .....

881.43